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CONFIRMATION NO. 5728

<b>SERIAL NUMBER</b> 10/664,432	<b>FILING OR 371(c) DATE</b> 09/19/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 00-12D1
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** *DS*  
 This application is a DIV of 09/823,033 03/29/2001 PAT 6,663,870 which is a CIP of 09/457,066 12/07/1999 PAT 6,432,673  
 and claims benefit of 60/193,723 03/31/2000  
 and said 09/457,066 12/07/1999  
 claims benefit of 60/111,173 12/07/1998  
 and claims benefit of 60/142,576 07/06/1999  
 and claims benefit of 60/161,653 10/21/1999  
 and claims benefit of 60/165,255 11/12/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 11/18/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>DS</i> Initials	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
10117

**TITLE**  
Methods for promoting growth of bone, ligament, and cartilage

<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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